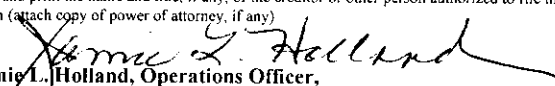


UNITED STATES BANKRUPTCY COURT District of IDAHO		PROOF OF CLAIM				
In re (Name of Debtor) HALE, CLYDE, V SS # 005-48-5139		Case Number 9942056JDP Ch. 13				
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503.						
Name of Creditor (The person or entity to whom the debtor owes money or property) PROVIDIAN NATIONAL BANK f/k/a FIRST DEPOSIT NATIONAL BANK		<input type="checkbox"/> Check here if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check here if you have never received any notice from the bankruptcy court in this case. <input type="checkbox"/> Check here if this address differs from the address on the envelope sent to you by the court.				
Name and Address Where Notices Should be Sent Providian National Bank f/k/a First Deposit National Bank 4940 Johnson Drive Pleasanton, CA 94588 Telephone No. (925) 738 - 4400						
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 4479-4520-9970-0228						
I. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury / wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wage, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)						
2. DATE DEBT WAS INCURRED: December 10, 1999		3. IF COURT JUDGMENT, DATE OBTAINED:				
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority; (2) Unsecured Priority; (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE ITEM OR ITEMS that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.						
<input type="checkbox"/> SECURED CLAIM \$0.00 Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$451.18 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,800 * of deposits toward purchase, lease, or rental of property of services for personal, family, or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) _____ * Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.				
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <table style="width: 100%;"> <tr> <td style="text-align: center;">\$451.18 (Unsecured)</td> <td style="text-align: center;">\$0.00 (Secured)</td> <td style="text-align: center;">\$451.18 (Priority)</td> <td style="text-align: center;">\$451.18 (Total)</td> </tr> </table>		\$451.18 (Unsecured)	\$0.00 (Secured)	\$451.18 (Priority)	\$451.18 (Total)	
\$451.18 (Unsecured)	\$0.00 (Secured)	\$451.18 (Priority)	\$451.18 (Total)			
<input type="checkbox"/> Check here if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.						
6. CREDITS AND SETOFFS: The amount of all payments on this claims has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amount that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 48pt; margin-top: 20px;">5</div>				
Date December 27, 1999	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Jamie L. Holland, Operations Officer,					

Penalty for Presenting Fraudulent Claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

TCSI 001 CODE IHB ACCT 4479452099700228

CYCLE 09 AGENT 2997

(12 MONTH HISTORY) ::

SCREEN SELECTION (1 2 3 4)

=> HALE CLYDE V

	CURRENT	(01) 12/10/99	(02) 11/09/99	(03) 10/08/99	(04) 09/09/99
PAYMENT	0	1	1	0	0
111099	.00	34.00	50.00	.00	.00
MIN PYMT	14.00	14.00	14.00	34.00	22.00
PURCHASE	0	1	2	1	1
062399	.00	7.95	66.95	7.95	7.95
CASH ADV	0	0	0	0	0
	.00	.00	.00	.00	.00
CREDITS	0	0	0	0	0
112498	.00	.00	.00	.00	.00
MISC CHG	0	0	0	0	0
	.00	.00	.00	.00	.00
INS FEE	7.95	7.95	7.95	7.95	7.95
LATE CHG	.00	.00	.00	29.00	29.00
OVRL FEE	.00	.00	.00	.00	.00
PURC F/C	7.46	7.46	7.71	6.43	5.94
CASH F/C	.00	.00	.00	.00	.00
LIMIT	560.00	560.00	560.00	500.00	500.00
BALANCE	451.18	451.18	469.77	445.11	401.73

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